

|  |  |   |                      |   |             |
|--|--|---|----------------------|---|-------------|
| AO 435<br>(Rev. 04/18)   |  | ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS |                      | <b>FOR COURT USE ONLY</b>                             |             |
| <b>TRANSCRIPT ORDER</b>  |  |   |                      | <b>DUE DATE:</b>                                      |             |
| <i>Please Read Instructions:</i>   |  |   |                      |   |             |
| 1. NAME  |  | 2. PHONE NUMBER                                   |                      | 3. DATE   |             |
| 4. DELIVERY ADDRESS OR EMAIL   |  | 5. CITY   |                      | 6. STATE  | 7. ZIP CODE |
| 8. CASE NUMBER   | 9. JUDGE   | DATES OF PROCEEDINGS                              |                      |   |             |
|  |  | 10. FROM  |                      | 11. TO  |             |
| 12. CASE NAME  |  | LOCATION OF PROCEEDINGS                           |                      |   |             |
|  |  | 13. CITY  |                      | 14. STATE   |             |
| 15. ORDER FOR  |  |   |                      |   |             |
| <input type="checkbox"/> APPEAL  |  | <input type="checkbox"/> CRIMINAL                 |                      | <input type="checkbox"/> CRIMINAL JUSTICE ACT         |             |
| <input type="checkbox"/> NON-APPEAL  |  | <input type="checkbox"/> CIVIL                    |                      | <input type="checkbox"/> BANKRUPTCY                   |             |
|  |  |   |                      | <input type="checkbox"/> IN FORMA PAUPERIS            |             |
|  |  |   |                      | <input type="checkbox"/> OTHER ( <i>Specify</i> )     |             |
| 16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)       |  |   |                      |   |             |
| PORTIONS   |  | DATE(S)   |                      | PORTION(S)  |             |
| DATE(S)  |  | PORTION(S)  |                      | DATE(S)   |             |
| <input type="checkbox"/> VOIR DIRE   |  |   |                      | <input type="checkbox"/> TESTIMONY (Specify Witness)  |             |
| <input type="checkbox"/> OPENING STATEMENT (Plaintiff)   |  |   |                      |   |             |
| <input type="checkbox"/> OPENING STATEMENT (Defendant)   |  |   |                      |   |             |
| <input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)  |  |   |                      | <input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy) |             |
| <input type="checkbox"/> CLOSING ARGUMENT (Defendant)  |  |   |                      |   |             |
| <input type="checkbox"/> OPINION OF COURT  |  |   |                      |   |             |
| <input type="checkbox"/> JURY INSTRUCTIONS   |  |   |                      | <input type="checkbox"/> OTHER (Specify)              |             |
| <input type="checkbox"/> SENTENCING  |  |   |                      |   |             |
| <input type="checkbox"/> BAIL HEARING  |  |   |                      |   |             |
| 17. ORDER  |  |   |                      |   |             |
| CATEGORY   | ORIGINAL<br>(Includes Certified Copy to<br>Clerk for Records of the Court) | FIRST COPY  | ADDITIONAL<br>COPIES | NO. OF PAGES ESTIMATE                                 | COSTS       |
| ORDINARY   | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| 14-Day   | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| EXPEDITED  | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| 3-Day  | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| DAILY  | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| HOURLY   | <input type="checkbox"/>   | <input type="checkbox"/>                          | NO. OF COPIES        |   |             |
| REALTIME   | <input type="checkbox"/>   | <input type="checkbox"/>                          |                      |   |             |
| CERTIFICATION (18. & 19.)<br>By signing below, I certify that I will pay all charges<br>(deposit plus additional). |  |   |                      | ESTIMATE TOTAL  | \$ 0.00     |
| 18. SIGNATURE  |  |   |                      | PROCESSED BY  |             |
| 19. DATE   |  |   |                      | PHONE NUMBER  |             |
| TRANSCRIPT TO BE PREPARED BY   |  |   |                      | COURT ADDRESS   |             |
| ORDER RECEIVED   |  | DATE  | BY                   |   |             |
| DEPOSIT PAID   |  |   |                      | DEPOSIT PAID  |             |
| TRANSCRIPT ORDERED   |  |   |                      | TOTAL CHARGES   | \$ 0.00     |
| TRANSCRIPT RECEIVED  |  |   |                      | LESS DEPOSIT  | \$ 0.00     |
| ORDERING PARTY NOTIFIED<br>TO PICK UP TRANSCRIPT   |  |   |                      | TOTAL REFUNDED  |             |
| PARTY RECEIVED TRANSCRIPT  |  |   |                      | TOTAL DUE   | \$ 0.00     |

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